

# Adult and Senior Care Update



## Winter 2010/Spring 2011

This is the winter/spring edition of the ***Adult and Senior Care Update***. Our goal is to provide you with timely and relevant information about issues that affect adult and senior care licensed facilities. We hope you will take time to review the Update and share it with members of your organization, as well as with others interested in adult and senior care issues.

### AN UPDATE ON THE “NEW DIRECTIONS” OF CCLD

The Community Care Licensing Division (CCLD) is continuing to test the Key Indicator Tools (KIT) that have been developed for use during inspections to facilities and homes to check for compliance with licensing standards. This test will be used to further refine the KIT inspection protocol and develop additional tools for all facility types.

All inspections are still subject to all laws and regulations regardless of the type of inspection. For example, if during a KIT inspection, CCLD observes a violation that is not listed on the KIT, CCLD will address that violation. For additional information, visit the MYCCL website at [http://www.myccl.ca.gov/default.asp?b=New\\_Directions](http://www.myccl.ca.gov/default.asp?b=New_Directions).

### **IMPLEMENTATION UPDATE FOR ASSEMBLY BILL 978 (Benoit), CHAPTER 291, STATUTES OF 2008**

In early 2011, CCLD will complete the final stage of implementing Assembly Bill (AB) 978. In addition to the provisions of the bill which have already been implemented, this bill requires the assessment of an immediate civil penalty for designated serious violations at community care facilities.

AB 978 lists serious violations warranting an immediate civil penalty assessment of \$150 per day, per violation, as follows:

1. Fire clearance violations, including: overcapacity, inoperable smoke alarms, and inoperable fire alarm systems;
2. Absence of supervision;
3. Accessible bodies of water;
4. Accessible firearms, ammunition or both;
5. Refused entry of authorized licensing staff to a facility or any part of a facility;
6. Presence of an excluded person on the premises.

## **THE MOVE TO HEADQUARTERS**

The CDSS headquarter office located at 744 P Street has completed its two high-rise towers renovation project. The CDSS and the Department of General Services have worked hard during the past four years on this renovation project. The Sacramento area out-stationed offices started moving into the new building in September 2010, and the final moving phase was completed January 2011. There are approximately 1800 employees in the new complex enjoying all the new amenities. The ribbon cutting ceremony took place on November 8, 2010 in front of the entrance to the renovated complex, which included a presentation by Director John Wagner and a mini-tour of the new building.

## **CCLD OFFICE RELOCATION**

The CCLD Santa Barbara Adult and Senior Care Local Units have relocated to:  
6500 Hollister Avenue, Suite 200, Goleta, CA 93117 *Main Line: (805) 562-0400,*  
*Fax: (805) 685-1820*

## **EVALUATOR MANUAL UPDATES**

There are updates to the Evaluator Manual. For information on the below changes, please click the associated link.

- ☒ Orientation process: <http://www.cclcd.ca.gov/res/pdf/10RM11.pdf> ,
- ☒ Facility Evaluations/Visits: <http://www.cclcd.ca.gov/PG510.htm> , and
- ☒ Hospice care waivers and total care exceptions for Residential Care Facilities for the Elderly (RCFEs): <http://www.cclcd.ca.gov/res/pdf/10rcfe04.pdf>

## **2010 CHAPTERED LEGISLATION**

Chaptered legislation for 2010 will be available online at <http://www.cclcd.ca.gov/PG830.htm>.

## **SUPPLEMENTAL SECURITY INCOME (SSI)/STATE SUPPLEMENTARY PAYMENT (SSP) STANDARDS**

There are no changes for January 2011. There was no federal SSI Cost of Living Adjustments (COLA) implemented for 2011 and the State SSP Cola has been suspended indefinitely. There are no future changes scheduled at this time. To view the COLA chart, please visit <http://cclcd.ca.gov/res/pdf/11apx01.pdf>. To view the Estimated Payment Standards chart for further guidance, please visit <http://cclcd.ca.gov/res/pdf/11apx02.pdf>.

As a reminder, licensees are prohibited from charging residents over and above the standard rate allowed by federal law. See California Code of Regulations, section 87464 at: <http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/rcfeman3.pdf> and Regulation Interpretations and Procedures at: <http://www.cclcd.ca.gov/res/pdf/RCFE.pdf>

The CCL will investigate complaints related to misuse of SSI funds, as appropriate. In addition, the Social Security Administration is responsible for investigating complaints of misuse of benefits and will take action to change payees, seek restitution or refer for prosecution, as appropriate.

## **DO NOT LET MEDICINES CAUSE HARM**

*Dr. Carolyn Clancy - Agency for Healthcare Research and Quality (AHRQ).*

Over the last decade, many baby boomers and seniors have ended up in the hospital because the medications they expected to help them actually hurt them.

Many medical problems can now be treated with medicines that were not available just a few years ago. But taking more medicines can also result in some unexpected reactions, especially for people who take several drugs. Bad reactions to medications are on the rise, according to a [new report](#) by the AHRQ.

Between 1997 and 2008, hospital admissions doubled among older Americans in part due to the effects of prescription and over-the-counter medicines as well as illegal drugs.

This increase has been driven by three types of medication and drug-related conditions:

1. Drug-induced delirium, which is general confusion and agitation caused by drugs. Common causes are drugs for sleeping, nausea, and pain. Elderly patients are more sensitive to medicines than younger adults.
2. Poisoning or overdose from codeine and other narcotic medicines. Bad reactions from narcotic pain medicines are especially common in older adults.
3. Withdrawal from prescribed medicines or illegal drugs. Drug withdrawal occurs when someone suddenly stops or takes much less of a drug after being on it for a long time.

Together with the U.S. Food and Drug Administration, AHRQ oversees a [program](#) that identifies medication problems and finds solutions. First, do not take medicine that is not prescribed for you. Also, remember that it is not safe to drink alcohol when you take medicine for sleeping, pain, anxiety, or depression. As we age, drugs can affect us differently. We may need to change medications or adjust dosages, talk with your doctor about your medications, how they work, and potential side effects and do not be afraid to ask questions.

To reduce your chances of complications from medicine, use the checklist available at: <http://www.ahrq.gov/consumer/checkmeds.pdf>.

## **BED BUGS**

Bed bug infestations have been found in some Adult and Senior Care facilities throughout California. Bed bug infestation is a reportable event and licensees should be reporting such incidents to their local licensing office.

According to the California Department of Public Health (CDPH), bed bugs are small wingless insects, approximately one-fourth of an inch long that feed on blood, normally during the night. Bed bugs can live in furniture such as couches, easy chairs, dressers, and night tables, as well as electronic devices such as alarm clocks and radios. Bed bug bites will cause red, raised, itchy reactions on the skin. Further, information by the CDPH states scratching bed bug bites can lead to secondary skin infections; some individuals report significant psychological distress, disruption of sleep, nervousness, and agitation when dealing with a bed bug infestation.

The CDPH suggests when confronted with a bed bug infestation, licensees should work with a pest control operator to take aggressive treatment actions against the infestation. Licensed pest control applicators and/or companies should always provide proof of their licensure on request.

Visit <http://www.pestboard.ca.gov/license> or call the California Department of Consumer Affairs, Structural Pest Control Board at (916) 561-8704 to confirm that the company is certified.

To assist licensees and providers with resource information on the procedures to control active bed bug infestations, minimize the spread of infestation, and prevent future infestations, the CDPH, <http://www.cdph.ca.gov/healthinfo/discond/pages/bedbugs.aspx>, includes a “Bed Bug Fact Sheet” resource tool. Additional resource information may be found at the website for the Centers for Disease Control and Prevention, at <http://www.cdc.gov/nceh/ehs/Topics/bedbugs.htm>.

## **DEPARTMENT OF JUSTICE (DOJ) VIDEO AND TRAINING MATERIALS**

The California Attorney General’s Office, Department of Justice, Bureau of Med-Cal Fraud & Elder Abuse has posted the video, “Your Legal Duty...Reporting Elder and Dependent Adult Abuse” and the associated training curriculum on the following website: <http://ag.ca.gov/bmfea/>.

The video and training curriculum meets the training requirements of Assembly Bill (AB) 1690 (Arner, Goldberg, Ashburn, ET AL) Chapter 196, Statutes of 2001 which affects Residential Care Facilities for the Elderly. Adult Community Care Facilities were already required to provide this training as a result of AB 1499 (Lowenthal), Chapter 414, Statutes of 1999.

This legislation amended the Welfare and Institutions Code (W&I) to require Residential Care Facilities for the Elderly and Adult Community Care Facilities to provide training to facility staff on recognizing and reporting suspected elder and dependent adult abuse.

As part of licensing visits, Licensing Program Analysts (LPAs) may check personnel files for documentation that the abuse reporting material provided by the DOJ has been reviewed by staff. In addition, the personnel file of each employee should contain a completed copy of the revised form SOC 341A acknowledging the employee’s responsibility and rights regarding abuse reporting.

## **UPDATED FORMS**

As a result of recent residential care facility for the elderly regulatory changes related to the acceptance and retention of persons who are bedridden, the following CCLD forms are now available for use.

For application processes, (see below) the LIC 200 – Application for Community Care Facility or Residential Care Facility for Elderly License shall be used.

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC200.PDF>

- Initial Application
- Change of Capacity
- Change of Location
- Change of Facility Type
- Change of ambulatory/non-ambulatory/bedridden status
- Change within Corporation
- Other, to be specified

For those licensees who accept and retain persons who are bedridden, the updated LIC 9020 – Register of Facility Clients/Residents shall be used:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9020.PDF>

For prospective applicants who wish to request a facility pre-inspection by a local fire jurisdiction, the LIC 9092 – Fire Pre-Inspection Consultation Request form has been updated and is available at:

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9092.PDF>

## **SUMMARY**

If you have questions about this *Update* or suggestions for future topics, please contact Gary Levenson-Palmer, Chief of the Technical Assistance and Policy Branch, at (916) 651-3490. Please visit our website at [www.cclld.ca.gov](http://www.cclld.ca.gov) for copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

***Original signed by Jeffrey Hiratsuka***

JEFFREY HIRATSUKA  
Deputy Director  
Community Care Licensing Division

Attachment

**Non-Medical Out-of-Home Care (NMOHC)  
Payment Standard**

**Effective January 1, 2011**

|                                    |                   |
|------------------------------------|-------------------|
| Supplemental Security Income (SSI) | \$674.00          |
| State Supplementary Payment (SSP)  | <u>412.00</u>     |
| Total NMOHC Payment Standard       | <u>\$1086.00*</u> |

The NMOHC Payment Standard includes the following components:

|   |                             |
|---|-----------------------------|
| Room and Board                                | \$466.00                    |
| Care and Supervision (maximum)                | <u>\$495.00</u>             |
| <b>Amount Payable for Basic Services</b>      | <b>\$961.00<sup>1</sup></b> |
| Personal and Incidental Needs Allowance       | <u>\$125.00</u>             |
| (Must be provided to the recipient) (minimum) | <u>\$1086.00</u>            |

\*Amounts are double for SSI/SSP couples.

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<sup>1</sup> NOTE: Recipients who have income in addition to their SSI/SSP check (for example, a pension, Social Security retirement, or disability benefits) can be charged the **\$961.00** amount for basic services plus an additional \$20. Because federal rules do not count the first \$20 of a recipient's income against his/her SSI/SSP grant, an SSI/SSP recipient with other income has an extra \$20 that people who receive only an SSI/SSP check do not have. Neither federal nor state law restricts the recipient in how this additional \$20 amount is spent. Thus, if the recipient agrees in the admission agreement to pay the additional \$20 for basic services, the facility may charge the additional amount.